

FLINTSHIRE EDUCATION COMMITTEE



REPORT

on the work of the

*Flintshire School
Health Service*

in relation to the year

1962

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INTRODUCTION

County Health Offices,
Llwynegryn,
Mold.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Several notable developments in the School Health Service occurred during 1962 and these are referred to in detail in the enclosed report. It may, however, be of interest to members to refer to some of these in my introductory remarks.

Possibly the most important development during the year was the introduction in October of Selective Medical Examination of pupils to replace Periodic Medical Examinations. This development was introduced in the areas of two School Medical Officers with the full co-operation of the medical officers, school nurses and teachers. Under the new arrangements, all children are examined on entry into school and before leaving, but only children referred for examination by parent, teacher or school nurse are examined in the intermediate age group. This Selective Medical Examination is carried out with pupils in Standards 2 and 4 and a questionnaire is sent to all parents asking certain questions relating to previous medical history of the pupil and asking if the parents wish the child to be medically examined by the School Medical Officer. In addition, teachers and school nurses refer children for medical examination if some defect or condition appears to warrant this, and the parents consent to the examination. With this method of Selective Medical Examination it means that fewer children are examined in the intermediate group, but more time is available for the examination and preliminary screening means that much less time is spent checking children who are fit and where no medical problems have been reported.

Another important step in 1962 was the introduction of Poliomyelitis vaccine given by mouth and not by injection — Oral Poliomyelitis Vaccine. The introduction of this vaccine was announced in Circular 3/62 from the Ministry of Health in February 1962 and supplies were received in the County in late February. The acceptance rate for the new vaccine was very good and at the end of the year, 228 children had received a full or part course of oral vaccine. This vaccine not only protects against paralytic poliomyelitis but also gives the person immunity against infection by the virus and in this way diminishes the possibility of individuals developing non-paralytic poliomyelitis or becoming healthy carriers. In short, oral vaccine protects against infection and paralysis — vaccine by injection protects against paralysis but not against infection.

During the year important developments occurred in the sphere of health education. Again, we worked closely with the teaching profession and offered help and facilities to further health education in primary and secondary schools and at establishments of further education. In March a day course for teachers on Audio Visual Aids was held at Basingwerk School, Holywell, and we were given the opportunity of speaking on the use of visual aids in health education at this course. The work during the year was noteworthy for the development of planned programmes of health education, particularly in primary schools. In secondary schools we continued with work developed in previous years such as special lectures to boys and girls on sex education, special talks to girls on grooming, to boys on physical fitness. During the year also we had an intensive anti-smoking campaign in secondary schools in the County. The documentary film "Spotlight on Smoking" was shown at sixteen secondary schools in the County and at each school a doctor attended at each showing to answer questions put by pupils and staff.

The greater part of health education in schools is done by the teachers and will remain to be done by them — we in the school health department have been pleased to help them in this work and appreciate their acceptance of our role and their ready co-operation.

Further progress was made during the year to protect school children against some of the more serious illnesses by vaccination and immunisation. As already mentioned the level of protection against poliomyelitis in the school population is very satisfactory — 84 %. The acceptance rate for Diphtheria and Whooping Cough also improved during the year to 46 % and 67 % respectively. Protection against tuberculosis by B.C.G. vaccine has always been good and in 1962 the acceptance rate was 97.35 %.

At the end of the year 30 % of infants under 1 year of age had been vaccinated, which was lower than the figure for 1961, viz. 42 %.

During the year the authority continued to receive every help from the various consultants who attended at school clinics, and from the three Hospital Management Committees who cover the County. I would also like to pay tribute to the Flintshire General Practitioners for their ready co-operation and help at all times when approached by members of the School Health Service. The co-operation of the General Practitioners is particularly valuable in this work, especially so in dealing with the difficult problems associated with handicapped pupils, employment of school leavers, and persistent absence from school.

A further step forward was made in the provision of improved premises by the opening of new clinic premises at Buckley in February. Over the years, new clinics have been built in areas where premises were rented or otherwise unsatisfactory. With the opening of Buckley Clinic, all scheduled school clinics are now held in purpose built premises. The Authority

plans to build another six new clinics in the County primarily for services provided under the National Health Service Act but facilities will, of course, be available at all for school children as found necessary.

During the greater part of the year the Clwyd and Deeside Hospital Management Committee were without the services of an Orthoptist and this meant that many children were deprived of this vital service. As noted in the report, the Orthoptist-in-Charge at Chester Royal Infirmary did try to provide treatment for urgent cases and we are once again very grateful to Mrs. Salisbury and the other Orthoptists at Chester for their valuable help. In December the Clwyd and Deeside Hospital Management Committee were able to engage an Orthoptist to start in January 1963.

We also failed to attract a full-time Speech Therapist during 1962 — although the vacancy was advertised on more than one occasion. In this field, however, we were more fortunate as Mrs. Ward, the Part-time Speech Therapist, continued to give excellent service during the year. It is hoped to advertise for a full-time Speech Therapist again in 1963 and if successful to employ her and continue to utilise the valuable services of Mrs. Ward.

I would again like to thank the Director of Education and his staff for their ready co-operation during the year. Also, Her Majesty's Inspectors of Schools, Headmasters and members of School Staffs for their valuable help and interest.

The medical, dental, nursing and clerical staff of the Department all gave excellent service during the year, and I would, in particular, like to thank Dr. E. Pearse for her work as Senior Medical Officer in charge of the School Health Service, Mr. W. I. Roberts, Chief Clerk of the Health Department, and Mr. A. Whitley, Clerk-in-Charge of the School Health Service ; I would like also to pay tribute for their work during the year and for collating the information for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

Principal School Medical Officer

(also County Medical Officer of Health) :

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.
(County Health Offices, Mold. Tel. 106 Mold).

Deputy County Medical Officer :

K. S. Deas, M.B., Ch.B., D.P.H. (since 1.4.62).

Senior Medical Officer :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

W. Manwell, M.B., B.Ch., B.A.O., D.T.M., C.M., D.P.H.
Lillie Lund Munro, M.B., Ch.B., D.P.H.

Assistant Medical Officers (Part-time on sessional basis) :

Dr. E. M. Harding
Dr. M. J. W. Dobbin

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.
D. J. Fraser, M.B., Ch.B., D.P.H.
D. P. W. Roberts, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Chest Physicians (Part-time) :

E. Clifford Jones, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (London)
J. B Morrison, M.D., Ch.B.

Child Guidance Consultant (Regional Hospital Board Staff) :

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow)

Ear, Nose, and Throat and Audiology Consultant (Regional Hospital Board Staff) :

Catrin M. Williams, F.R.C.S.

Ophthalmic Consultants (Regional Hospital Board Staff) :

A. C. Shuttleworth, M.B., Ch.B., D.O.M.S.
E. Lyons, M.B., Ch.B., D.O.M.S.

Orthopædic Consultant (Regional Hospital Board Staff) :

Robert Owen, M.Ch. (Orth.), F.R.C.S.

Pædiatrician Consultant (Regional Hospital Board Staff) :

M. M. McLean, M.D., M.R.C.P.E., D.C.H.

Principal School Dental Officer (Full-time) :

A. Fielding, L.D.S., R.C.S.

Dental Officers (Full-time) :

Leslie Hanson, L.D.S.
F. S. Dodd, L.D.S.
Leon Harris, B.D.S.
A. O. Hewitt, L.D.S.
David R. Pearse, B.D.S.

Orthodontic Consultant (Part-time—Temporary Sessional) :
B. J. Broadbent, F.D.S., R.C.S.

Dental Anaesthetists (Part-time sessional basis) :

Dr. A. H. Babington	Dr. M. E. Lloyd
Dr. J. M. Hands	Dr. C. W. Fisher
Dr. G. E. S. Robinson	

Speech Therapist (Part-time) :

Mrs. R. E. Ward, L.C.S.T.

Superintendent Health Visitor/School Nurse (also **Domestic Help Organiser**) :

Miss P. M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.M. Cert.,

School Nurses (acting jointly as School Nurses and Health Visitors. All State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate [with one exception*] or other qualification) :

†Miss E. Weston, Senior Health Visitor/School Nurse

Miss M. Williams, Senior Health Visitor/School Nurse

Miss M. J. Hughes

Mrs. M. E. Pearse

Miss J. M. Jewell

Mrs. E. G. E. Rees

Miss Ellen Jones

Miss M. W. Wright

Miss G. Jones

Miss E. M. L. Morgan

Miss G. Jenkins

Miss G. M. Jones

†Miss J. S. Rogers

Mrs. M. D. Lewis

Miss M. Lees

Miss M. Y. Secker

*Mrs. A. E. Williams
S.R.N., S.R.F.N.

Mrs. D. Thompson

(Retired 30.9.62)

Mrs. L. Pritchard

Miss M. Jones

Mrs. P. B. Coupe

(Resigned 31.5.62)

(from 23.7.62)

Mrs. S. Lewis (from 1.10.62)

Miss A. M. Stewart

† Also part-time Health Education Officers

Clinic Nurses (Part-time sessional) :

Mrs. M. M. Digweed

Mrs. R. Williams

Mrs. H. Davies

Mrs. R. Connah

Mrs. M. Williams (from 5.3.62)

Visitors for Chest Diseases :

Mrs. M. M. Roberts, S.R.N., S.C.M., T.B.Cert.

Mrs. A. R. Iball, S.R.N. (from 22.1.62)

Dental Surgery Assistants :

Mrs. L. M. Martin

Mrs. B. M. Welch

Miss B. M. Powell

(Resigned 30.11.62)

Mrs. M. A. Lloyd-Jones

Miss M. E. Roberts

(Part-time)

Mrs. P. Thomas

Mrs. E. M. Coppack, S.R.N.

Miss K. Williams

(from 26.11.62)

Mrs. J. M. Mills (Part-time)

(Resigned 1.3.62)

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council : Mr. W. Hugh Jones.

Secretary of the Education Committee : B. Haydn Williams, B.Sc., Ph.D.

County Architect : Mr. R. W. Harvey, A.R.I.B.A.

County Treasurer : Mr. S. Elmitt, I.M.T.A.

Chief Constable : Mr. R. Atkins.

Physical Training Organiser : Mr. Bertram W. Clarke.

School Meals Organiser : Mr. E. Parry.

Children's Officer : Mrs. L. Davies, B.A.

C.—HEADQUARTERS.

County Health Offices, Llwynegrin, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

Statutory Acres	...	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	...	255.7

Population of County—

1951 Census	...	...	...	...	...	...	145,108
1962 Mid-year Estimate	...	...	...	...	...	...	150,430

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 58 ;	Voluntary 45 ;	Total	...	...	...	...	103
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	...	...	...	...	...	...	4
Technical College	...	...	...	...	...	...	1
Horticultural Institute	1

School Child Population—

On School Registers (1962-63)	25,631
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Financial Circumstances of County—

Estimated Product of a Penny Rate (1962-63)	£27,581
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Number of Flintshire Live Births—

Year 1962	2,653
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Number of Flintshire Deaths (1962)—

Infantile	66
General	1,933

Medical Officers—

For County Health and School Medical Services combined	*8
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School Dental Surgeons—

Full-time Officers	†6
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School Nurses—

Serving half-time also as Health Visitors	21
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Dental Surgery Assistants—

Full-time	6
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Clinic Establishments (within the County)—

Child Guidance	2
Dental (For School Children)	8
Minor Ailments (for School Children)	...	...	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Ear, Nose and Throat and Audiology	...	...	...	...	...	...	2
Orthodontic	...	...	...	...	...	...	2
Orthopædic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (Welsh Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	3
Speech Therapy	...	...	...	...	...	...	5

* Equivalent of $6\frac{1}{2}$ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

† Includes Principal Dental Officer.

E.—FLINTSHIRE CLINICS

(Situations, Opening Hours, Etc.)

MINOR AILMENTS CLINICS.

- Buckley—The Clinic, Padeswood Road. Every Tuesday, 2 to 4-30 p.m.
Doctor attends every opening.
- Caergwrle—The Clinic, Ty Cerrig, Off High Street. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.
- Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Holywell—The Clinic, Park Lane. 1st and 3rd Friday, 1-30 to 4-30 p.m.
Doctor attends every opening.
- Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon.
Doctor attends every opening.
- Prestatyn—King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon.
Doctor attends every opening.
- Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Shotton—The Clinic, Rowley Drive. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- St. Asaph—Pen-y-Bont. 2nd and 4th Thursday. 1-30 to 2-30 p.m.
Doctor attends every opening.

CLINICS

The Mobile Clinic continued to operate during 1962, and visits every two weeks the following Centres : Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Sealand, Leeswood and Ffynnongroew.

The Mobile Clinic is used as an all-purpose Clinic at each centre visited and this includes the examination and follow-up of school-children including immunisation and vaccination against Poliomyelitis.

The Mobile Dental Clinic continued to function during the year and was used at schools remote from static dental clinics. In this way a higher level of treatment was accepted by pupils and less school time lost in travelling to clinics for dental treatment. The Mobile Dental Clinic is a purpose built clinic, equipped with modern dental surgery equipment including high speed air drill.

ORTHOPÆDIC AFTER-CARE CLINICS.

- Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 months.
- Rhyl—The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 months.
- Shotton—Rowley Drive. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 months.

OPHTHALMIC.

Holywell—The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.

Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl—The Clinic, Ffordd Las, off Marsh Road. Every Friday morning.

Shotton—Rowley Drive. 1st and 3rd Monday mornings in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

CHILD GUIDANCE.

(By appointment only)

Rhyl—Fronfraith, Boughton Avenue, Russell Road. Every Monday 9-30 a.m. and 1-30 p.m.

Shotton—Rowley Drive. Every Friday, 9-30 a.m. and 1-30 p.m.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

EAR, NOSE, AND THROAT AND AUDIOLOGY.

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Friday afternoon (by appointment).

Holywell—The Clinic, Park Lane. Every Monday afternoon (by appointment).

ORTHODONTIC.

Mold—The Clinic, King Street (by appointment).

Prestatyn—The Clinic, King's Avenue (by appointment).

ORTHOPTIC.

Holywell—The Clinic, Park Lane. Every Tuesday morning and afternoon

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Thursday afternoon and every Friday morning.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS.

Holywell—Cottage Hospital (Physician: Dr. E. Clifford Jones).

Tuesday, 9 a.m. Clinic Session

2 p.m. Contact Clinic. (By appointment only).

Queensferry—Oaklands (Physician: Dr. E. Clifford Jones).

Monday, 2 p.m. Clinic Session

Wednesday, 9 a.m. Clinic Session.

Friday, 9 a.m. Contact Clinic

Rhyl—Alexandra Hospital (Physician: Dr. J. B. Morrison).

*Monday, 10 a.m. B.C.G. Test Reading.

Friday, 9 a.m. Clinic Session (and contacts).

* Contacts are seen on Friday mornings and, if necessary, given B.C.G. They then attend on the Monday morning following for reading.

SPEECH THERAPY.

- Buckley—The Clinic, Padeswood Road. First and third Tuesday in each month (afternoon) by appointment only.
- Flint—The Clinic, Borough Grove. Every Monday morning, by appointment only.
- Holywell—The Clinic, Park Lane. First and third Tuesday in each month (morning), by appointment only.
- Mold—The Clinic, King Street. Second and fourth Tuesday in each month (morning and afternoon) by appointment only.
- Rhyl—The Clinic, Ffordd Las, off Marsh Road. First and third Thursday in each month (morning and afternoon) by appointment only.
- Shotton—The Clinic, Rowley Drive. Second and fourth Wednesday in each month (morning and afternoon) by appointment only.

Section 2

A.—STAFF

Medical.—Dr. K. S. Deas was appointed to succeed Dr. G. F. Devey as Deputy County Medical Officer and took up his appointment on 1st April, 1962.

Dental.—The following changes occurred in the Dental Surgery Assistants Staff :—

Mrs. J. M. Mills, part-time Dental Surgery Assistant, left the Service on 1st March, 1962, and Mrs. B. M. Welch, Dental Surgery Assistant, resigned on 30th November, 1962.

Mrs. E. M. Coppack commenced duty as full-time Dental Surgery Assistant on 26th November, 1962.

Nursing.—Mrs. A. R. Iball, who had been employed as part-time Clinic Nurse since 24th February, 1958, commenced duty as Visitor for Chest Diseases for the Eastern half of the County on 22nd January, 1962.

Mrs. M. Jones, Health Visitor/School Nurse for Shotton District, resigned on the 31st May, 1962.

Mrs. P. B. M. Coupé, who was formerly District Nurse/Midwife in the Caergwrle area, successfully completed the Health Visitors' Training Course on the 16th July, 1962, and commenced duty as Health Visitor/School Nurse in the Shotton district on the 23rd July, 1962.

Mrs. D. Thompson, Health Visitor/School Nurse for the Saltney district resigned owing to ill health on the 30th September, 1962.

Mrs. Stella Lewis who was appointed temporary Health Visitor/School Nurse for the Saltney district on the 28th February, 1962, took up a permanent appointment in the Caergwrle district on 1st October, 1962.

Dr. G. W. Roberts attended the Conference of the Central Council for Health Education held at London on the 25th January, 1962. He also attended the Royal Society of Health Annual Congress held at Scarborough from the 9th to 13th April, 1962, and the Chest and Heart Association Conference for Executives held at London on the 29th November, 1962.

Dr. K. S. Deas attended the Conference of the National Association for Mental Health held at London on the 30th October, 1962.

Dr. L. L. Munro attended the Child Development Research Centre in London from the 8th to 17th March, 1962.

Dr. A. Cathcart and Dr. D. P. W. Roberts attended a Civil Defence Course held at Sunningdale from 4th to 9th March, 1962. Dr. D. P. W. Roberts also attended a Training Course in Radiation Safety held at Liverpool from 28th May to 8th June, 1962.

Mr. L. Harris attended a Children's Dentistry Course held at London from the 7th to 11th January, 1962. Mr. Fielding attended the British Dental Association Annual Conference held at Nottingham from the 16th to 20th July, 1962. Mr. A. O. Hewitt attended a Dental Clinical Meeting held at Manchester on 19th October, 1962.

Mrs. R. E. Ward attended the Speech Therapist's Conference at Keswick in October, 1962.

Miss P. M. Matthews attended the Central Council for Health Education Conference held at London on the 25th January, 1962. She also attended the Institute of Home Help Organisers Conference held at Cambridge from 27th to 29th September, 1962, and the General Dental Council Health Education Conference held at London on 25th and 26th October, 1962. Mrs. M. E. Pearse attended the Royal College of Nursing Refresher Course held at Manchester from the 2nd to 11th July, 1962. Mrs. L. Pritchard attended the Health Visitors Association Refresher Course held at Oxford from the 7th to 21st July, 1962. Miss G. Jones attended the Central Council for Health Education Summer School held at Bangor from 14th to 28th August, 1962. Miss G. Jenkins attended the Health Visitors Association Autumn School held at Bangor from 25th August to 8th September, 1962. Miss M. Lees attended the Health Visitors Association Annual Conference held at Brighton from 17th to 20th October, 1962. Mrs. A. R. Iball attended the Chest and Heart Association Annual Conference held at London on 17th October, 1962.

B.—ADMINISTRATION.

The School Health Service is a self contained section of the County Health Department. The Service covers all aspects of the health of school children and young persons in establishments of further education. The School Health Service is primarily concerned with the prevention and early detection of diseases in school children and is complementary to the hospital and General Practitioner services.

During the year, children continued to be medically examined on entry into schools — five years plus, during their last year in a primary school — 10 years plus and towards the end of their school life — 14 years plus. During the year all except two schools in the County were visited and in all 6,731 pupils were medically examined.

During 1962 a meeting was arranged with head teachers to discuss the introduction of selective medical inspection of pupils in primary schools. The whole scheme was explained and was well received by

head teachers and it was decided to start on selective medical inspection in the area of two doctors during the year. Both doctors—Dr. L. L. Munro and Dr. D. P. W. Roberts had previous experience of selective medical inspection, and this made the introduction of the scheme much easier. The arrangements agreed upon were that all children on entry and leaving school would continue to be examined and that selective medical inspection would apply to children in Standards 2 and 4 only.

With children in Standards 2 and 4 in areas where selective medical inspection was introduced, a questionnaire was sent to the parents asking for details of previous illnesses and whether the parent wished the child to be medically examined. Children were selected for examination if the parent requested examination or if the previous medical history made this desirable. In addition, children were examined if requested by the teaching staff or school nurse and with the consent of the parent.

The first selective medical inspection took place in Rhyl Christ Church School in October. At the end of the year, selective medical inspections had been carried out at 11 primary schools. In these schools, 611 pupils were eligible for medical examination, 240 were selected and 219 were examined.

It is hoped to continue selective medical inspections in the area of the two doctors concerned for a year and then review the whole position, and if the scheme is working satisfactorily — as it appears to be — to extend selective medical inspection to all areas in the County for children in Standards 2 and 4.

Our B.C.G. Scheme continued during the year and full details are given later. A great deal of extra work was involved in the administration of the poliomyelitis vaccination scheme, for in addition to the three doses of vaccine given previously, a fourth dose was advocated for children between five and twelve years of age who had already received three doses of vaccine. At the end of the year 11,260 children had received a fourth dose of vaccine and in all 22,865 children of school age had received three injections.

The vaccination and immunisation section of the health department works in close touch with the school health service and in this way it is possible to check that children entering school at about five years of age are offered the necessary protection in the form of initial protection or "booster" doses.

In many schools now cleanliness inspections by school nurses have been replaced by class inspections. This was started four years ago in some secondary schools and the practice is gradually spreading in primary schools. The procedure to be adopted in a given school is left to the discretion of each school nurse — but with a steadily rising standard of cleanliness amongst school children it is felt that the practice of selected inspection is the right procedure to adopt.

The practice of reporting to the Youth Employment Officer on children unfit for full employment continued during the year and in fact was made more complete. When a pupil is examined prior to leaving school and a defect is found that may interfere with ordinary training or employment then a confidential medical report is submitted to the Youth Employment Officer. With the more serious disabilities, reports are only submitted after obtaining the consent of the parents.

During the year, our arrangements for following up children absent from school for long periods were examined and brought up to date. These children are visited by the School Welfare Officers who work in close contact with school medical officers, and school nurses. When it appears that a child is kept at home for no adequate reason, then the case is referred to this department and an independent medical examination arranged after consultation with the family doctor. In this way, many children are returned to school earlier than would be the case if not followed up, and we get the utmost co-operation in this work from General Practitioners and hospital medical staff.

Full records are kept of all handicapped pupils ascertained in the County and appropriate action taken as regards special educational treatment. In the majority of cases there is very little formality in the process of ascertainment, but with sub-normal children certain information has to be made available to the parents once it is decided to proceed with ascertainment. The procedure to be adopted is laid down in the Mental Health Act 1959 and circulars from the Ministry of Education, and the opportunity was taken this year to bring this practice up to date and to reduce the amount of formality to a minimum. It was felt that this was desirable as parents often do not follow the legal terms used in formal letters, and by simplifying the procedure one was able to give a simple explanation of what was being done and in this way obtain the parents' consent and co-operation. The new administrative arrangements were put into operation after consultation with the Director of Education and his staff.

The smooth administration of the school health service depends on team work within the department and co-operation with many outside the office, such as teachers, school nurses, parents, doctors and hospital staff. This co-operation was present throughout the year as in the past and I very much appreciate this as it shows clearly that we all have one aim — to raise still further the standard of health of children of school age in the County.

TABLE 1

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	214	212	99.06	2	.93
1957	1053	1042	98.95	11	1.04
1956	826	822	99.51	4	.49
1955	99	98	98.98	1	1.01
1954	526	526	100.00	—	—
1953	140	139	99.28	1	.71
1952	1725	1720	99.71	5	.29
1951	101	101	100.00	—	—
1950	3	3	100.00	—	—
1949	—	—	—	—	—
1948	1826	1825	99.94	1	.05
1947 and earlier	218	218	100.00	—	—
TOTAL	6731	6706	99.62	25	.38

TABLE 2

PUPILS FOUND TO REQUIRE TREATMENT.

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No Pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Group (1)	For Defective Vision (Excl Squint) (2)	For any of the other conditions recorded in Table 5 (3)	Total individual pupils (4)	Percentage of children examined (5)
Leavers	70	167	229	11.20
Entrants	25	241	260	12.42
Other Age Groups ...	61	155	205	11.88
Additional Periodic Inspections	25	80	103	11.85
Total (Prescribed Groups)	181	643	797	11.84

It will be noted that the total defects requiring treatment in Entrants increased from 10.93% in 1961 to 12.42% in 1962. Defects in leavers showed an increase from 10.14% to 11.20% in 1962. Figures from 1959 to date are given below :—

	1959	1960	1961	1962
Entrants ...	6.47 %	11.02 %	10.93 %	12.42 %
Leavers ...	8.89 %	15.01 %	10.14 %	11.20 %
All Ages ...	8.76 %	12.66 %	10.30 %	11.84 %

It is very interesting and instructive to compare the incidence of defects requiring treatment with age (Table 3).

It will be noted that visual defects occur primarily in two age groups—10 years of age and 14 years of age. These two age groups account for 66.85% of all defects found in all ages.

Again with other defects requiring treatment there are three main age groups—5 - 6 years of age, 10 years, and 14 years of age. These three groups account for 87.56% of all defects found in all ages.

These findings confirm our policy of concentrating our medical examinations on these important age groups—entrants, 5 years+; last year in primary school, 10 years+; and school leavers, 14 years+.

TABLE 3

PUPILS FOUND TO REQUIRE TREATMENT

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No Pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions in Table 5	Total individual pupils
(1)	(2)	(3)	(4)
1958 and later ...	1	23	23
1957	11	131	138
1956	13	87	99
1955	3	8	10
1954	14	56	70
1953	4	13	16
1952	61	155	205
1951	4	3	7
1950	—	—	—
1949	—	—	—
1948	60	135	192
1947 and earlier ...	10	32	37
TOTAL ...	181	643	797

OTHER INSPECTIONS

TABLE 4

Note :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	4910
Number of Re-inspections	... ..	3405
Total	...	<u>8315</u>

TABLE 5

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR—
PERIODIC INSPECTIONS.

Note : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defects or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	33	33	76	12	41	40	150	85
5	Eyes (a) Vision .	25	112	70	121	86	226	181	459
	(b) Squint .	22	40	7	15	11	53	40	108
	(c) Other .	9	8	20	5	23	5	52	18
6	Ears (a) Hearing .	6	19	3	12	13	25	22	56
	(b) Otitis								
	Media	4	9	1	3	4	7	9	19
	(c) Other .	8	12	3	4	17	13	28	29
7	Nose and Throat .	67	104	10	27	28	103	105	234
8	Speech	9	45	—	3	9	11	18	59
9	Lymphatic Glands	5	47	1	4	2	23	8	74
10	Heart	3	36	2	21	1	21	6	78
11	Lungs	15	39	3	12	10	48	28	99
12	Developmental :								
	(a) Hernia ...	4	7	1	—	—	5	5	12
	(b) Other ...	4	15	9	7	29	36	42	58
13	Orthopædic :								
	(a) Posture ...	1	3	8	4	16	15	25	22
	(b) Feet ...	46	30	15	9	29	35	90	74
	(c) Other ...	15	34	14	30	19	62	48	126
14	Nervous System :								
	(a) Epilepsy ...	2	4	1	4	2	3	5	11
	(b) Other ...	8	9	—	3	8	29	16	41
15	Psychological :								
	(a) Development	—	16	1	5	5	43	6	64
	(b) Stability ...	5	26	—	4	4	28	9	58
16	Abdomen ...	3	7	—	5	3	11	6	23
17	Other	3	27	3	5	5	17	11	49

TABLE 6

SPECIAL INSPECTIONS

Note : All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	265	158
5	Eyes—(a) Vision	474	761
	(b) Squint	71	70
	(c) Other	77	36
6	Ears—(a) Hearing	58	66
	(b) Otitis Media	24	50
	(c) Other	57	29
7	Nose and Throat	156	243
8	Speech	90	96
9	Lymphatic Glands	11	92
10	Heart	13	94
11	Lungs	52	165
12	Developmental:—		
	(a) Hernia	3	19
	(b) Other*	73	86
13	Orthopædic:—		
	(a) Posture	11	19
	(b) Feet	90	66
	(c) Other	82	171
14	Nervous System:—		
	(a) Epilepsy	15	18
	(b) Other	33	36
15	Psychological:—		
	(a) Development	49	110
	(b) Stability†	81	148
16	Abdomen	12	36
17	Other	135	200
Note—*Includes cases of obesity		30	9
†Includes cases of enuresis		45	53

Table 5 shows the defects found at routine medical inspections at school. Table 6 shows defects found in children seen at "special" inspections.

The term "special" inspection refers to children specifically referred for examination either at the school clinic or school medical examination. Children may be referred for "special" examination by the parent, teacher, school nurse, or in some cases, by the general practitioner. It is quite obvious, therefore, that more defects will be found among children seen as "specials" than amongst children seen at periodic school medical examinations.

Tables 5 and 6 show slight changes on 1961 and these are not significant in any way. The number of defects found requiring treatment and observation vary from year to year and in addition there are certain trends which have been noted fully in the past, e.g., gradual increase in psychological conditions found, reduction in ear, nose and throat defects, and the steady incidence of eye defects. It will be noted that defects requiring observation far exceed defects requiring treatment. This is a good sign and means that conditions are being discovered early before active treatment is necessary, and with careful supervision and advice, active treatment may not be required.

With the gradual introduction of Selective Medical Inspection as a method of examining pupils at school it will be interesting to see whether the total number and type of defects discovered will show marked variation in the next few years. The impression obtained from selective medical inspection up to date is that still more defects requiring observation will be found and fewer requiring treatment. As selective medical inspection is gradually extended to other areas there will be fewer "special" inspections, but re-inspections will remain at much the same level as at present. Ideally, selective medical inspection should enable us to discover more defects at an early stage and this is particularly important with the more frequent defects affecting vision, nose and throat, orthopædic and emotional disturbances.

As in previous years the commonest defect found was defective vision. During 1962 there was an increase in the number of children needing treatment (639—655) and a slight decrease in the number needing observation (1277—1220) for defective vision. The majority of those needing treatment were in need of spectacles which are prescribed and supplied through the National Health Service and the number of children with squint discovered during the year—both treatment and observation—decreased (316—289).

Defects of hearing ascertained in 1962 increased to 202 from 168 in 1962. The greater number were cases needing observation (122 out of 202). Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee, continued

her two special clinics for school children during the year and gave excellent service which was very much appreciated by the parents and the staff at the department.

Defects of the nose and throat discovered also show an increase for 1962. A total of 361 defects needing treatment and 477 observation. The largest single group here would be enlarged tonsils and adenoids, and the figures reveal how enlarged tonsils and adenoids are kept under observation for a period prior to operation.

During 1962 cases requiring active speech therapy remained at 108. Cases requiring observation decreased during the same period. As more speech therapy sessions are now available, waiting time for treatment is still only a matter of two to three weeks.

It will be noted that the majority of heart defects discovered only required observation — observation 172, treatment 19. Many of these conditions are heart "murmurs" needing observation sometimes over a prolonged period to ensure that the child's activity is matched to the cardiac abnormality present. It should be noted that many children with a heart murmur can lead a full and active school life, and take part in all forms of physical training and sport. Indeed, some heart murmurs disappear just as quickly as they appear as the child grows older.

Orthopædic defects discovered in 1962 needing treatment and observation increased compared with 1961 from a total of 788 to 824.

Mr. Robert Owen, the Consultant Orthopædic Surgeon for the Clwyd and Deeside Hospital Management Committee continued during the year to attend the Orthopædic Clinics for school children in the County and gave an excellent service — working in close collaboration with the staff of the Gobowen Orthopædic Hospital. Although Mr. Robert Owen was not able to attend the clinics more frequently it was possible to get children in urgent need of consultation seen quicker at the hospital orthopædic clinic at Rhyl.

During the year the number of children found with emotional disturbances of varying degree increased from 397 in 1961 to 525 in 1962. This figure includes 98 cases of enuresis which have not previously been included under this heading in the past — even excluding this figure the number of children emotionally disturbed shows a marked increase in 1962.

The figures of children found only reveal part of the problem, as many children with mild disturbances are often not found for many months, and what gives cause for concern is the increasing number of seriously disturbed children. Seriously disturbed children present a very difficult medical and social problem and require help from various members of the Child Guidance team for prolonged periods, often two or more years before any improvement is revealed. Emotional disturbance in the

child also has repercussions on other members of the family, particularly other children and on classmates in school. I feel that our best approach to this problem is by using school nurses, mental welfare officers and the Child Guidance team and teachers to advise parents on the needs of children for security and affection. There is no substitute for parental "care" and it is very difficult to convince some parents that these two elements — security and affection — matter so much to children of all ages. Many persons are under the impression that emotionally disturbed children are a feature of the poorer "problem" type family. Numerically more children in this type of family are disturbed — but some of the more seriously disturbed children are found in homes where material conditions are good and the parents of good intelligence. The remedy is the same in both types of families—but the approach will have to be very different. All members of the school health service are trying to meet the need—the work is slow and time consuming—but the problem has been appreciated and every effort is being made to help parents to help themselves.

The encouraging part in prevention is the increasing part played by teachers in this work. The teacher is a key person in this work as he can detect early signs of disturbance in the child, and take steps to remedy the condition or call in help to deal with the position. Close contact between the school doctor, school nurse and the teacher is most valuable in this field of activity if the interests of the child are to be best served. It is gratifying to report how close and valuable this co-operation is between the teachers and the school health service.

TABLE 7

Classification of the physical condition of the pupils inspected
in the age groups recorded in Table 1

Age Group Inspected				Number of Pupils Inspected	Satisfactory		Unsatisfactory	
					No.	% of Col. 2	No.	% of Col. 2
(1)				(2)	(3)	(4)	(5)	(6)
Entrants	...	...	...	2093	2076	99.18	17	.81
Leavers	...	...	...	2044	2043	99.95	1	.05
Other Age Groups	...	...	...	1725	1720	99.71	5	.29
Additional Periodic Inspections				869	867	99.76	2	.23
Total	...	...	...	6731	6706	99.62	25	.38

Information about the physical condition of pupils attending school is shown in Table 7 above.

It should be explained that the children shown as "Other Age Groups" are, with a few exceptions, children between 10 and 11 years of age, examined during their last year at a primary school.

During 1962 the percentage of children found satisfactory in all age groups was 99.62. Of the total examined, 6,731, only 25 (0.38 %) were found unsatisfactory from a physical standpoint.

It will be appreciated that deciding whether a child's physical condition is satisfactory or not, is not always easy, as many borderline cases are seen. Even allowing for this difficulty, the position in the County is very satisfactory and, I hope, that it will be maintained. It will be extremely difficult to improve on the present findings.

Many factors have played a part in bringing about the present satisfactory findings — improved social and economic conditions — improved child care — better nutrition — better medical and dental care in recent years, and the important part played by teachers in fostering the physical care of children in primary and secondary schools.

Infestation with Vermin.—There was a decrease during the year in the number of children found infested with vermin, from 957 in 1961 to 631 in 1962.

This reduction is a great improvement on the figures for the past five years and it is hoped that this level can be maintained or indeed improved in the coming years. The improvement is largely the result of diligent effort by the school nurses and medical staff in fostering a higher standard of personal hygiene, re-inforced by inspection of pupils at school and advice to parents. In this work also teaching staff have played a vital role in supporting the staff of the health department in their efforts to raise the standards of personal hygiene in schools.

It should be also pointed out that of the 631 cases, many are "re-infestations"—the same child being repeatedly infested during the year.

			Total children infested	% Infestation of total examined
1955	...	...	1305	6.69
1956	...	...	958	4.14
1957	...	...	815	4.14
1958	...	...	763	3.89
1959	...	...	711	3.72
1960	...	...	922	5.76
1961	....	....	957	5.57
1962	...	...	631	3.13

During the year school nurses continued to work closely with teachers to discover cases of infestation as early as possible. When discovered "Suleo" or "Lorexane" was supplied free to parents and instruction in cleansing if requested. Cleansing clinics were held as in previous years to cleanse children whose parents were unwilling or incapable of cleansing in a satisfactory manner.

It is hoped to reduce still further the number of children found infested in the coming years, but this will demand considerable effort on the part of all the staff. The majority of cases are girls and so often the same girls get infested on several occasions during the year from older sisters who have left school or, in some cases, parents or relatives. As long as certain families remain reservoirs of infestation it will be difficult to make a substantial reduction in this year's figures or to maintain a steady reduction in the coming years. This problem is one of personal hygiene and social conscience, and both factors must be tackled before any marked improvement will result.

TABLE 8
INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses ...	20,160
Total number of examinations in the schools by the School Nurses or other authorised persons	36,173
Total number of individual pupils found to be infested ...	631
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Vaccination against Smallpox.—Only 40.42 % of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against Diphtheria.

In the years immediately following 1948 the number of children who received primary vaccination fell sharply, but in recent years the number has again increased.

The total number of children vaccinated in 1962 increased to 1,770 from 1,291 in 1961.

The following Table shows the number of primary vaccinations each year since 1948; figures which up to 1952 represent approximately only 25 % of the live births. The figure for 1962, however, represents 66.72 % of the live births.

1948 —	Number of primary vaccinations	...	808
1949 —	" " "	"	397
1950 —	" " "	"	660
1951 —	" " "	"	796
1952 —	" " "	"	663
1953 —	" " "	"	663
1954 —	" " "	"	636
1955 —	" " "	"	803
1956 —	" " "	"	915
1957 —	" " "	"	1170
1958 —	" " "	"	1397
1959 —	" " "	"	1305
1960 —	" " "	"	1252
1961 —	" " "	"	1291
1962 —	" " "	"	1770

Immunisation.—"Triple" antigen is now offered to all babies both by General Practitioners and in County Clinics. Triple antigen is a mixed vaccine of Diphtheria, Whooping Cough and Tetanus, and three injections at monthly intervals protect the child against these three serious illnesses. When the child enters school at five years of age a "booster" dose of Diphtheria/Tetanus is offered.

Whooping Cough vaccine is not offered in the "booster", as whooping cough is an illness of children under five years of age — at least it is only a serious illness in children under five years of age.

During the year 1962 the number immunised was :—

Aged 0 — 4 years	...	...	...	1,643
Aged 5—14 years	...	...	...	158
				<hr/>
				1,801
				<hr/>

Of the 1,801 children who received primary injection against Diphtheria 1,672 received a combined injection for Diphtheria and Whooping Cough, and of these 1,672 cases, 1,645 children received the triple injection, i.e. combining Diphtheria, Whooping Cough and Tetanus.

A total of 1,035 children received re-inforcing injections against Diphtheria, 383 of these received a combined injection for Diphtheria and Whooping Cough, and of these 383 cases 354 received re-inforcing injections of triple vaccine.

Children can be immunised free of charge either by their own General Practitioner or at a school clinic. "Booster" doses are given at school at the end of the school medical examination for the convenience of the parents, and in an attempt to get a high acceptance rate, and this has proved to be the case.

Poliomyelitis Vaccination.—It is gratifying to report the high acceptance rate by parents of poliomyelitis vaccine for their children. During the year poliomyelitis vaccine was offered at routine immunisation clinics in the County and at sessions of the mobile clinic. The introduction of the mouth vaccine — oral vaccine — in February 1962 made our work easier and increased still further the acceptance rate. Oral vaccine is very simple to give — three drops on a lump of sugar or in syrup — taken on three occasions with an interval of 4 - 8 weeks between each dose. The oral vaccine protects against attack by the virus as well as against paralysis — this is due to the vaccine making the bowel immune to attack by poliomyelitis virus which enters by the mouth.

At the end of 1962, 22,865 children between 5 and 15 years of age had been fully protected against poliomyelitis — this means 89.20 % of the school population of the County. This total includes all children protected since poliomyelitis vaccination started in 1956. During 1962 1,993 children of school age were given poliomyelitis vaccine and of this total, 228 were protected with oral vaccine.

Handicapped Pupils.—The following Table shows the number of handicapped pupils on the register at the end of the year, in their several categories :—

NUMBER OF ASCERTAINED HANDICAPPED PUPILS
ON REGISTER AT :—

	31.12.61	31.12.62
Blind	4	4
Partially Sighted	17	18
Deaf	8	9
Partially Deaf	18	17
Educationally sub-normal	132	148
Epileptic	23	22
Physically handicapped	143	134
Delicate	58	50
Speech	1	1
Maladjusted	21	23
Total ...	425	426

25 children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows :—

Educationally sub-normal	11	Maladjusted	...	...	4
Delicate	...	...	...	...	8
Epileptic	...	...	...	...	1
Partially Deaf	...	...	...	...	—
Partially Sighted	...	Speech	...	...	—

During the year places were found in Special Schools or Homes for 14 handicapped pupils (Partially Deaf 1, Physically Handicapped 8, Educationally Sub-normal 2, Maladjusted 3). The total number of handicapped pupils who were actually receiving education in special boarding schools and homes was 49.

They were of the following categories :—

Blind and Partially Sighted	...	...	11
Deaf and Partially Deaf	...	...	11
Educationally sub-normal and maladjusted			9
Epileptic	...	...	2
Delicate and Physically Handicapped	...		16

49

20 handicapped children received home tuition during the year, 13 of these were still receiving home tuition at the end of the year, 6 pupils received bedside tuition in hospital, and 14 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 39, of this number 22 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	...	8
Requiring places in Special Day Schools	...	14

22

In addition to the above, 18 children were ascertained to be incapable of education in school ; these were reported to the local Authority in accordance with the requirements of Section 57 of the Education Act, 1944, as amended.

It will be noted from the number of ascertained handicapped pupils that at the end of 1962 there were more physically handicapped pupils on the register than any other group. This is possibly a false position as undoubtedly the greatest single group is the Educationally Sub-normal.

With better facilities for the education of the Educationally Sub-normal at ordinary schools in special classes, fewer are formally ascertained as Handicapped Pupils. It is the policy of the Education Authority

to try and provide the necessary special facilities for these pupils in primary and secondary schools. There has been a marked increase in the educational provision for this type of child in recent years in the County and this has undoubtedly met a very real need. Whether a day or residential school will be needed, for the more retarded, remains to be seen after the present arrangements have been given a further trial.

The Residential School for the Physically Handicapped at Llandudno opened on 4th September 1962 to serve the 6 North Wales Counties. Flintshire has 15 places reserved at this school and preliminary work had been done in 1961 to select suitable physically handicapped pupils for residential schooling. When the school opened, 7 Flintshire pupils were admitted and at the end of 1962 there were 9 pupils from Flintshire at the school.

During the year, spastic children from Flintshire continued to attend the Day Unit for Spastics at the Maelor General Hospital, Wrexham. This Unit is under the supervision of Dr. E. Gerald Roberts, the Consultant Pædiatrician for the Powys and Mawddach Hospital Management Committee and very good work continues to be done here for spastic children within reach of the Unit.

The Day Unit for spastic children at Chester has not materialised as sufficient spastic children could not be found to merit opening the Unit. Although the building is complete at Chester it has not been opened and it is now possible that it may be used as a further training Centre for spastic adolescents.

With the opening of the school at Llandudno the immediate problems of the more severely physically handicapped have been largely met — the needs of the less severely handicapped will continue to be met wherever possible in ordinary schools in the County.

It is the policy of the Ministry of Education to allow handicapped pupils to attend ordinary schools wherever possible. This entails close liaison between the teaching staff of schools accepting these pupils and the staff of the School Health Service. It is interesting to note that even in the past six years there have been great strides in the placement and education of the handicapped pupils at ordinary schools. Many of the handicapped pupils now attending ordinary schools would not have been permitted to do so some years ago and this speaks well for the important part played by teachers in meeting the needs of these less fortunate children.

The acceptance of more handicapped children into ordinary schools must not cloud the need of those pupils who require special schooling, mainly in residential special schools. Home tuition, though meeting a real need, is not an adequate substitute for a residential special school.

It has already been pointed out that 39 children are awaiting vacancies in special schools, made up as follows :—

Blind and Partially Sighted	—
Delicate and Physically Handicapped	4
Educationally Sub-normal	22
Maladjusted	10
Epileptic	2
Deaf	1
	<hr/>
	39

(Some of the 13 pupils receiving home tuition would also benefit by special schooling).

There is still need for more provision of special schools in the North Wales area for various categories of handicapped pupils — possibly the most urgent being a school for the maladjusted. Provision of special schools for handicapped children in North Wales can only adequately be done on a joint basis with all 6 Counties co-operating. Now that a very excellent school for the Physically Handicapped has been established as a joint venture, it is hoped that the needs of other handicapped children requiring residential schooling can be met in the same way.

Prevention of Tuberculosis.—It is the policy of the Education Authority to medically examine all newly appointed teachers, canteen staff, and others who come into close contact with children. This is a condition of service, and the examination includes an X-Ray examination of the chest. The right is reserved to request subsequent chest X-Ray examinations as and when this appears necessary. During 1962, 52 teachers, 55 canteen staff, and 5 school caretakers were examined and reported on by the medical staff.

In addition, 96 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-Ray examination of the chest.

It should be added that it is a condition that all new County Council staff on engagement have a medical examination and this includes a chest X-Ray examination. During the year, in addition to the medical examinations in the Education department, a total of 182 other medical examinations were carried out of members of other departments and all these included a chest X-Ray examination.

When a case of tuberculosis is diagnosed in a school child, efforts are made to trace the source of infection, and steps to ascertain if children in contact with the case are free from infection. This entails carrying out Mantoux Tests on some or all of the children at the school. Those with positive test findings have a chest X-Ray, and those who are negative are offered B.C.G. vaccination.

The following Table shows the number of Children (aged 14 years and over) and Teachers examined at Schools by the Mass X-Ray Unit during 1962.

School	Number of Persons examined			Numbers found Abnormal								
				Referred to Chest Physicians as cases requiring further investigation			Other Abnormalities			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Hawarden Grammar	444	411	855	1	3	4	3	2	5	4	5	9
Hope County Secondary ...	19	15	34	—	1	1	—	—	—	—	1	1
Penley Bilateral	16	24	40	—	—	—	—	—	—	—	—	—
Prestatyn County Secondary	288	253	541	—	2	2	—	1	1	—	3	3
Saltney County Secondary ...	17	11	28	—	—	—	—	—	—	—	—	—
Rhyl Grammar	112	121	233	—	—	—	—	—	—	—	—	—
Total ...	896	835	1731	1	6	7	3	3	6	4	9	13
School Staff	60	54	114	—	—	—	1	1	2	1	1	2

B.C.G. Vaccination.— During 1962 B.C.G. Vaccination was offered to all suitable children at secondary schools between 12 and 14 years of age.

It has been the policy of the Authority to offer B.C.G. vaccination to this age group now for 4 years and the scheme has worked well and the acceptance rate is very satisfactory. Although the Ministry of Education has extended the age group for B.C.G. vaccination from 10 years to 18 + this Authority has continued with its policy of offering B.C.G. to pupils in the age group 12 - 14 years. It was decided to adhere to this age group as it was convenient for the secondary schools, less confusing to parents and easier to administer in the department. Children who transfer in to this County and over 13 years who have not had B.C.G. are offered protection when the school is visited and the same applies to children who were absent when B.C.G. was offered at a given school.

During the year all secondary schools were visited. At all the schools visited the nature of B.C.G. vaccine was explained to the pupils at school, and in a letter which each child took home to obtain consent for testing and vaccination.

Children found to have positive Mantoux tests are referred to the Mass X-Ray Unit for a chest X-Ray. Those with strongly positive Mantoux tests are referred to the Chest Physician for examination and a large plate chest X-Ray. The number of children with strongly positive Mantoux tests is very small — but they do present a very special group as it is very likely that they are in contact with an infectious case of tuberculosis or have had fairly recent close contact with a case.

At all the schools attended the acceptance rate for B.C.G. vaccination has been excellent, and details of the children tested and given B.C.G. vaccine are given in the Table on page 32.

In addition to the B.C.G. vaccine given at schools, Chest Physicians continued to give vaccine to "contacts" of known cases of Tuberculosis. During 1962, 843 "contacts" were skin tested and found suitable for B.C.G. vaccine and received vaccination at a Chest Clinic.

A high percentage of the 843 persons who were skin tested were children of school age, and also includes persons over school age who were tested at Chest Clinics.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1962.

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Prestatyn County Secondary	122	117	105	34 (32.0 %)	71 (68.0 %)	53
Rhyl Welsh Bilateral ..	53	49	46	20 (43.0 %)	26 (57.0 %)	19
Rhyl Glyndwr County Secondary	185	165	147	33 (22.0 %)	114 (78.0 %)	85
Hope C'nty Secondary	105	100	92	49 (53.0 %)	43 (47.0 %)	28
Saltney County Secondary	95	86	80	31 (39.0 %)	48 (61.0 %)	37
Hawarden Grammar ..	179	164	163	99 (61.0 %)	64 (39.0 %)	33
Queensferry Aston County Secondary	134	114	99	26 (27.0 %)	70 (73.0 %)	47
Flint (B.R.G.) Bilateral	95	89	82	27 (35.0 %)	51 (65.0 %)	35
Flint C'nty Secondary	100	99	92	37 (42.5 %)	50 (57.5 %)	38
Buckley County Secondary	108	102	93	48 (52.0 %)	45 (48.0 %)	22
Deeside County Secondary	124	115	108	36 (33.0 %)	72 (67.0 %)	47
Holywell County Secondary	165	158	151	64 (44.0 %)	82 (56.0 %)	51
Holywell Grammar ...	108	104	97	47 (50.0 %)	47 (50.0 %)	30
Mold C'nty. Secondary	134	124	116	46 (42.0 %)	63 (58.0 %)	40
Mold Grammar	160	148	142	73 (54.0 %)	63 (46.0 %)	32
St. Asaph Grammar ...	84	71	60	19 (34.5 %)	36 (65.5 %)	23
Rhyl Grammar	109	103	96	32 (35.0 %)	59 (65.0 %)	30

41 % of the groups were found to be Multiplue Puncture Positive.

Mass Radiography.—The Semi-Static Mass X-Ray Unit continued to operate in the County during 1962, visiting four centres—Holywell, Rhyl, Shotton and Mold—every three weeks. This unit is open to the public without prior appointment and is also used by General Practitioners who refer patients with "chest" symptoms for X-Ray. In addition, the unit examines children found to have a positive Mantoux test when examined prior to offering B.C.G. vaccine.

Many of the new employees examined prior to starting work with the Authority also attend one of the centres for a chest X-Ray. A few are cases with a history of tuberculosis or are contacts of cases being referred to the Chest Clinics for a full examination and report.

Full details of the work of the Mass X-Ray Units in the County are given in the Report of the Medical Officer on the Health of Flintshire for 1962.

C.—TREATMENT.

Clinics.—During 1962 school clinics were held at 10 Centres as in previous years. However, in 1962, all clinics were held in County Council purpose built clinic premises, this being made possible with the opening of a new clinic at Buckley.

At most of the bigger clinics, special clinics are held by Consultants from the hospital service in ophthalmology, ear, nose and throat, orthopaedic, paediatric and child guidance. Members of the school health department staff assist at these clinics and in this way a close liaison is maintained between the school health department and the hospital staff.

It should be pointed out that nearly all "special" examinations, treatment and follow-up are done at school clinics and so it is important that clinic premises and equipment are of a high standard to enable doctors and nurses to carry out their duties efficiently.

The mobile clinic continued to function during the year at the following centres :—

Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Garden City, Leeswood and Ffynnongroew.

The clinic attends each centre every two weeks and acts as an all-purpose clinic and on each visit, infants, mothers and school children are seen. A doctor and nurse attend at each session.

TABLE 9
DISEASES OF THE SKIN
(excluding Uncleanliness, for which see Table 8)

						Number of cases treated or under treatment during the year	
						by the Authority	Otherwise
Ringworm—(i)	Scalp	...	...	...		—	—
	(ii) Body	...	...	...		2	—
Scabies	...	...	...	...		6	3
Impetigo	...	...	...	...		37	9
Other Skin Diseases	...	...	...	...		139	64
Total						184	76

TABLE 9 (continued)
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	32	41
Errors of Refraction (including squint) ..	1317	—
Total ...	1349	41
Number of pupils for whom spectacles were :—		
(a) Prescribed	*704	—
(b) Obtained	*704	—
Total ...	*704	—

* Including cases dealt with under arrangements with supplementary Ophthalmic Services.

During the year, Consultant Ophthalmologists attended at four clinics as in previous years — Rhyl, Holywell, Shotton and Mold. At all the centres there was only a short waiting time before children were seen at the clinic. The waiting period at school eye clinics has been kept down very well during the year, thanks to the active co-operation of the Consultant Ophthalmologists.

During the year the number of children examined at the four clinics with errors of refraction was 1,349, compared with 1,420 in 1961. During 1962, 704 pairs of spectacles were prescribed compared with 703 in 1961.

I met the Ophthalmic Consultants on several occasions during the year to discuss matters affecting the Clinics. I would like, once again, to thank Mr. Shuttleworth and Mr. Lyons for the very excellent service they gave during the year. I feel we are indeed fortunate in having Consultants that provide a first class service and take a real interest in the work.

Brief reports from Mr. Shuttleworth and Mr. Lyons on the operation of the Clinics are given below :—

" The Ophthalmic Clinics at Mold and Shotton have continued at fortnightly intervals as in the past. It has been possible to see new patients without undue delay. The patients consist mostly of children who have been found at school medical examinations and at welfare clinics to have defective vision or squints, but some patients are referred because of inflammatory or other eye diseases.

Regarding the case of squint, glasses are prescribed when necessary and generally the patient is then taken over by the

orthoptic department at Chester Infirmary where they are also kept under my supervision. Eventually operation is often needed and the patients enter either the Chester City Hospital or the Royal Infirmary for this treatment.

The services given seem to please the parents of the children and we don't seem to get any complaints. The health visitors and other assistants at the clinics are most conscientious and helpful in their work.'

A. C. SHUTTLEWORTH.

"The school ophthalmic clinic at Holywell was held fortnightly throughout the year and this was again found to be sufficient to meet the demand for appointments, both for children attending for the first time and for review, without producing any substantial waiting list.

Dr. G. L. Harper, Assistant Ophthalmologist, who had conducted the Rhyl school ophthalmic clinic since 1957, left in February to take up the appointment of Consultant Ophthalmologist to the Caernarvonshire and Anglesey Hospital Management Committee. He was succeeded (in a locum capacity) initially by Dr. R. M. Powrie and in September by Dr. B. B. Hegde. Although it was found possible to increase the number of clinics from three per month to one per week in March, the waiting list gradually increased towards the end of the year, although it never exceeded two months.

The orthoptic services in the County suffered a serious setback when Miss P. Brownbill, who had given two years excellent service, resigned in February to get married. Owing to the national shortage of orthoptists, the post remained unfilled until the end of the year and consequently many children were unable to receive orthoptic treatment. However, due to the helpful co-operation of Mrs. E. R. Salisbury, Orthoptist-in-Charge, Chester Royal Infirmary, whose department was already hard-pressed owing to shortage of staff, a number of children, whose parents were able and willing to make the journey, were treated in Chester.

During the year, 19 Flintshire schoolchildren were admitted to the Ophthalmic Department at H. M. Stanley Hospital, St. Asaph. Of these, 11 were admitted for the treatment of squint, operations being performed on 9. Many of the children who undergo surgical treatment for the correction of squint, require orthoptic examination before operation and orthoptic treatment immediately following the operation and owing to the absence of an orthoptist for the greater part of the year, fewer children with squint were admitted than would otherwise have been the case. Of 4 children who were admitted with injuries, 2 had concussion injuries of the eye, 1 a serious perforating injury and 1 a burn of the cornea. One child was admitted with a corneal ulcer and 1 each for the surgical treatment of congenital cataract, congenital glaucoma and ptosis respectively."

EDWARD LYONS.

Mrs. B. Beach, the Orthoptist, resigned in February 1962, and so very few Orthoptic Clinics were held in the County during the year. At Rhyl, St. Asaph and Holywell, a few sessions were held in July and August by Mrs. Beach. In December Miss H. Edwards was appointed as Orthoptist for the area by the Clwyd and Deeside Hospital Management Committee to start on January 1st, 1963.

ORTHOPTIC CLINICS
SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1962	362	50	46	61
Number of attendances for the year 1962	1,608	50	46	61

Number of squint operations performed on Flintshire children at :—

Chester Royal Infirmary 27

St. Asaph H. M. Stanley Hospital ... 9

Children from the Eastern half of the County continued to attend the Orthoptic Department of the Chester Royal Infirmary during 1962 as in past years. Mrs. E. R. Salisbury, the Orthoptist-in-Charge of the department and her staff continued to give excellent service during the year, and I would like to thank them for their help and co-operation at all times.

TABLE 9 (continued)
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	22
(b) for adenoids & chronic tonsillitis	—	416
(c) For other nose & throat conditions	—	23
Received other forms of treatment ...	85	75
Total ...	85	536
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1962	—	4
(b) in previous years	—	* 14

* Includes six pupils who are now at Special Schools for the Deaf.

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—416, but it must be remembered that 838 children were found at routine and special medical inspection to have defects of the nose and throat and of these 361 required treatment and 477 were in need of observation. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed.

Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee continued to hold regular Ear, Nose and Throat and Audiology clinics for children at Rhyl and Holywell. Cases requiring operative treatment were admitted to beds at St. Asaph H. M. Stanley Hospital.

The Audiology Clinic (testing of hearing) did very valuable work during the year and many children suspected of having hearing defects were referred to Miss Williams at Rhyl or Holywell for testing.

Hearing aids were provided when necessary under the National Health Service Act and a Hearing Aid Technician attends for this purpose at the Royal Alexandra Hospital, Rhyl, every two weeks.

I would like to thank Miss C. Williams for her valuable services and in particular for her expert advice and assistance with partially deaf children who require special educational treatment.

Orthopædic.—Orthopædic Clinics for school children are held every two weeks at our clinics at Holywell, Rhyl, and Shotton. These clinics are attended by the Physiotherapist from the Gobowen Orthopædic Hospital at each session, and every three months by Mr. Robert Owen, the Consultant Orthopædic Surgeon.

All School Orthopædic Services in the North Wales area including Flintshire, are now based on the Gobowen Orthopædic Hospital and Mr. Robert Owen, the Orthopædic Consultant for the Clwyd and Deeside Hospital Management Committee area attends the Clinics in Flintshire by arrangement with the Gobowen Hospital.

This new arrangement is an improvement on the service when the Consultant came each time from Gobowen Hospital. The new scheme means that the base of the Consultant has moved to Rhyl, and children requiring further observation and treatment attend Rhyl Hospital for care and not Gobowen as in the past. As Mr. Robert Owen works closely with the staff at Gobowen Hospital any children requiring the special

facilities offered at Gobowen, including their excellent hospital educational facilities, can still be admitted by Mr. Owen when he considers this necessary.

I would like to thank Mr. Robert Owen and the staff of the Gobowen Hospital for their interest and valuable services during the year. In particular, I would express appreciation to Mr. Robert Owen for his help in the selection of pupils for the school for the Physically Handicapped at Llandudno and for his ready acceptance in seeing that these pupils during school holidays and arranging treatment and follow-up at school.

TABLE 9 (continued)
ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	—	624
Pupils treated at school for postural defects	—	7

TABLE 9 (continued)
CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	104

During the year this service continued with the good work it has done in the past and clinics were held at Rhyl every Monday (morning and afternoon) and Shotton every Friday (morning and afternoon).

In addition to work at the Clinics, members of the Child Guidance team do valuable work in schools and by home visits.

I would like to thank Dr. E. Simmons and his staff for the valuable service they have given during the year. I would also like, in particular, to refer to the excellent work done in schools by Dr. Scobbie, Senior Psychologist, and Mr. P. J. McDonald, Psychologist. Their work in schools is much appreciated by the teachers, who have co-operated fully with them at all times.

Extracts from Dr. E. Mimmons' report for 1962 follow :—

The North Wales Child Guidance Clinics provide a comprehensive service including the following :

(1) Diagnostic, consultative and therapeutic facilities for children during their pre-school and school years, and their parents or guardians, are available at seven centres in the five Counties which the clinics serve.

During 1962 new referrals numbered 405, and total interviews 3,537. A team of psychiatrist, psychologist and social worker (in some instances a double team) attends at 4 clinics each week and 3 further clinics each fortnight.

(2) Within and against the background of the above functions the " School Psychological Service " staffed jointly by the Education Authorities and the Hospital Board. Psychologists normally work as members of the clinic teams but have special responsibilities as far as education services and schools are concerned. They examine individual children presenting educational difficulties and those whose problems appear to arise mainly in relation to school work. They organise and undertake the testing of groups of children in their schools at the request of the Authority ; discuss findings concerning children, and future projects with teachers and education officers ; undertake remedial teaching and advise on teaching methods in specific cases ; contribute to the training of teachers for handicapped pupils, etc. Psychologists also provide a ready channel of communication between schools and clinics, giving access to the full resources of the latter if required.

(3) Liaison work, teaching and research. These have assumed increasing importance during the latter years. Discussions on an informal basis between workers in the educational, social, general community and medical services and the staff of the clinics occupy much time and are welcomed by all concerned. They help to avoid isolation of individual workers and duplication of work in different services, and can bring available resources to bear where they are likely to produce the greatest good at smallest cost compatible with good work.

More formal meetings of a teaching kind are also held and an increasing number of students from Universities and Colleges in Wales and England see, and participate in, the work of the clinics during short visits and during stays extending to four weeks as part of their courses of training.

Research is discussed below.

In the accompanying Tables details for this County are given regarding numbers of attendances at clinics, visits paid and referral sources. The causes for which children are referred range from mild to serious behaviour difficulties, from minor to major abnormality in personality development, from simple to highly complex problems associated with school, learning and the integration generally of children into the society in which they live. The continued upward trend in the rate at which investigation, consultation and treatment are requested suggests that our efforts to meet demands on the clinic services have a fair measure of success.

"Gwynfa" our new Residential Clinic in Upper Colwyn has proved a most important addition to our resources. During this first year a great deal of effort has had to be directed towards overcoming the expected teething troubles of the new venture. We believe that the house staff have gained confidence in their ability to cope with a widening range of problems and have established the kind of atmosphere in which successful work can proceed. They are supported by experienced members of the clinic staff at all times. We can accept up to about twenty boys and girls aged normally under 12, of average or higher intelligence, and likely to benefit from treatment during a period of about 9 months. A few "day patients" and one or two children with their mothers can also be admitted if necessary and desirable. While we can aim to be generous we must be careful in our selection. Treatment methods are mainly psycho-therapeutic in nature and the establishment is "wide-open". Those needing treatment involving coercive or severely restrictive measures or very prolonged treatment cannot therefore be accepted.

Our main aim is to become able to help an increasing number of young emotionally seriously disturbed children who cannot be treated adequately at clinics, by relatively short but active residential treatment on accepted psychiatric lines.

Implied in these observations is our belief that we need urgently treatment facilities for older "neurotic" children and adolescents (whose disturbance is not sufficiently gross or shown in seriously anti-social behaviour to warrant admission to a psychiatric hospital but) who are many in number and who cause hurt to others, and themselves suffer no less than those who attract the attention of the public by unacceptable behaviour. Many of them could benefit by treatment similar to that provided at "Gwynfa" or by what could be afforded at a well staffed local (education) authority hostel working, we would hope, in close co-operation with the clinic services.

With regard to research, our staffing position is not strong enough to allow this in more than minor and incidental form. We regret this greatly because the clinical material available at any given time, and that accumulated over some 14 years now, is very extensive and varied. Thorough research could throw much needed light on the origins and nature of emotional problems in children and adults, and on the value of different treatment methods.

The special project into the Adaptation and Standardisation of the Welsh (Wechsler) Intelligence Scale for Children, aged 6 to 16, has been successfully concluded. It is hoped that the printed text of this first, full scale, intelligence test in Welsh, will become available to those qualified to use it in the near future. We are greatly obliged to the officers and teachers of many schools without whose co-operation the work could not have been done, and to the Welsh Hospital Board for their support and financial backing.

We have appreciated the goodwill and help offered to us by the members of the staffs of the medical, educational and social services with whom we are in frequent touch and with whom we hope to work in continued happy and fruitful co-operation during the years ahead which, from all signs, will be no less challenging and demanding of constant effort than those which have passed".

E. SIMMONS.

CHILD GUIDANCE CLINICS — STAFF.

NAMES	POSTS
(A) CLINICAL :	
Dr. E. Simmons	Medical Director and Consultant Psychiatrist.
Dr. J. A. Williams	Senior Registrar in Psychiatry.
Dr. G. J. Pryce	Registrar in Psychiatry (due to join 2.4.62)
Mr. W. E. Moore	Principal Psychologist.
Mr. J. B. Edwards	Educational Psychologist (joined 1.11.61)
Mr. P. J. Macdonald	Educational Psychologist (Clinical Psychologist to 31.8.61)
Mr. J. Sants	Part-time Psychologist (joined 2.2.61)
Miss G. M. Brown	Psychiatric Social Worker.
Mrs. C. L. Jones	Senior Psychiatric Social Worker.
Mrs. V. Ford-Thomson	Social Worker.
Mrs. S. Mundle	Part-time Social Worker.
(B) SECRETARIAL :	
Miss D. Harrison	Secretary.
Miss J. E. Bowyer-Sidwell	Shorthand-Typist/Clerk.
Miss E. Davies	Shorthand-Typist/Clerk.

Note : Most members of the clinical staff carry responsibilities in respect of the work of "Gwynfa" but no additional workers have been appointed.

NORTH WALES CHILD GUIDANCE CLINICS

1. Number of Flintshire Children and Parents interviewed during 1962.

Clinic	Number of Individual Children seen *	ATTENDANCES									
		Psychiatrist				Psychologist				P S W	
		First		Further		First		Further		First	Further
		C	P	C	P	C	P	C	P	P	P
Rhyl	67	31	26	65	9	42	—	102	—	38	120
Colwyn	6	2	3	5	—	4	—	9	—	2	16
Shotton	19	11	7	15	2	11	—	49	—	16	50
Wrexham	12	2	2	2	1	1	1	33	—	3	37
	104	46	38	87	12	58	1	193	—	59	223

2. Number of Children and Parents from other Counties seen at Flintshire Clinics.

Rhyl : Den- bighshire	17	9	6	14	5	10	1	21	—	8	22
Caer- vonshire	1	—	—	—	—	—	—	—	—	—	11
Shotton : Den- bighshire	1	1	1	—	—	1	—	—	—	1	—
	19	10	7	14	5	11	1	21	—	9	33

* 'C' = child. 'P' = parents or guardians.

3. Number of Visits during 1962.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
56	—	52	5

4. Number of Referrals received during 1962.

Referring Agency	Number of Referrals
School Medical Officer	40
General Practitioners	14
Consultant Pæditricians	9
Other Medical Specialists	8
Courts and Probation Officers ...	6
Other Social Workers	3
Parents	—
Children's Officers	—
Head-teachers	—
	80
Waiting List on 31st December, 1962 ...	12

Speech Therapy.—Mrs. R. E. Ward, the part-time Speech Therapist, continued her excellent work during the year. More effective use was made of her time by a re-arrangement of clinic times at six centres attended.

TABLE 9 (continued)
SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapist	245	—

**REPORT OF WORK CARRIED OUT IN SPEECH THERAPY
CLINICS DURING 1962.**

Current cases	179
Discharges	83
Total cases dealt with during 1962	262

Analysis of Current Cases :

Dyslalia	133
Stutterers	36
Alalia	3
Cleft Palate	4
Cerebral palsy	2
Partially deaf	1
Total cases	179

Analysis of condition of patients on discharge :—

Dyslalia.

Speech normal	...	...	...	...	...	...	42
Improved—							
(a) Too erratic attendance to benefit	...	...					6
(b) Left district cases transferred where address known	...	...	...	...	...		7
No improvement :							
(a) No parental co-operation	...	...	...	...	...		1
(b) No appointments kept	...	...	...	...	...		3

Stutterers :

Speech normal	...	...	...	...	...	...	7
Improved—							
(a) Family moved—cases transferred	...	...					2
(b) Too erratic attendance to benefit	...	...					3
(c) Child attends private school—has elocution	...						1
No improvement :							
(a) No appointment kept after first	...	...					1

Cluttering :

Speech normal	...	...	...	...	...	...	3
Improved	...	...	...	...	...	...	1

Hyperrhinoalalia :

(Not of cleft palate origin). Speech normal	...						2
---	-----	--	--	--	--	--	---

Cleft Palate :

Speech comprehensible		1
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Unclassified :

Non-attendance of initial appointment					3
---------------------------------------	-----	-----	--	--	--	--	---

83

Speech Therapy Clinics have been held in the following centres throughout 1962 :—

Mold, Shotton, Holywell, Penley, Rhyl.

" The existing Clinics have run smoothly with no major administrative problems. Attendances have been good and parental co-operation (with a few exceptions) has helped considerably in the progress of their children. Attendances during school holidays has been good, so keeping the continuity of treatment during this time.

During the year an interesting project was undertaken at the country school of Hanmer. A number of children with mixed speech disorders of Stuttering and Dyslalia, ranging in ages from five to eleven years, were treated in two mixed groups. Treatment was in the form of simple drama, analysis of each other's speech, and assignments between treatments, stimulation of interest in speech and language.

The results were very encouraging and it is hoped to repeat this project with another suitable group. All the defects were of minor severity, and individual treatment was undertaken in addition to their group work.

Fourteen schools have been visited during 1962, and these visits have been most helpful in obtaining a complete picture of the child and the speech in relation to its environment. I have received much valuable help from the schools, both from the Head Teachers and Class Teachers. Their help is most appreciated, and I would like to thank them not only for this, but for the courtesy I invariably received even when internal school activities were exceedingly demanding, and an extra visitor another thing to be attended to in an already overbusy day.

Once again I have received every possible help from the Medical and Educational Staff, and in particular Dr. G. W. Roberts and Dr. E. Pearse. I would like to thank them for this, and also Mr. Trevor Jones for his immensely appreciated assistance during 1962.

It is with very great regret that I have to reduce the number of Clinics I undertake for the County during 1963, but I hope that this may not be a permanent measure."

RUTH E. WARD, L.C.S.T.

TABLE 9 (continued)

OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	93	51
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1	—
(c) Pupils who received B. C. G. vaccination ...	650	—
(d) Other :—		
(1) Lymphatic glands ...	3	5
(2) Heart and circulation ...	1	14
(3) Lungs ...	29	47
(4) Development ...	20	32
(5) Nervous system ...	9	38
Total (a) - (d) ...	806	187

Dental Inspection and Treatment.—In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

TABLE 10

DENTAL INSPECTION AND TREATMENT.

Description.						Number.
(1) Pupils inspected by the Authority's Dental Officers :—						
Periodic Age Groups	...	...	...	...	...	14167
Specials	...	...	...	...	...	4465
Total (Periodic and Specials)	...	...	...	...	...	18632
(2) Found to require treatment	...	...	...	...	...	13326
(3) Number offered treatment	...	...	...	...	...	12248
(4) Actually treated	...	...	...	...	...	6743
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h)	...	...	...	...	...	16265
(6) Half-days devoted to—						
Inspection	...	...	...	...	...	115
Treatment	...	...	...	...	...	2385
Total (Half-days)	...	...	...	...	...	2500
(7) Fillings—						
Permanent Teeth	...	...	...	...	...	9331
Temporary Teeth	...	...	...	...	...	1055
(8) Number of Teeth filled—						
Permanent Teeth	...	...	...	...	...	8369
Temporary Teeth	...	...	...	...	...	1016
(9) Extractions—						
Permanent Teeth	...	...	...	...	...	3324
Temporary Teeth	...	...	...	...	...	6575
(10) Administrations of general anæsthetics for extraction	...	...	...	...	...	5197
(11) Number of pupils supplied with artificial dentures	...	...	...	...	...	156
(12) Other operations—						
Permanent Teeth	...	...	...	...	...	2492
Temporary Teeth	...	...	...	...	...	708
(13) Orthodontics—						
(a) Cases commenced during the year	...	...	...	...	...	148
(b) Cases carried forward from previous year	...	...	...	...	...	420
(c) Cases completed during the year	...	...	...	...	...	103
(d) Cases discontinued during the year	...	...	...	...	...	10
(e) Pupils treated with appliances	...	...	...	...	...	172
(f) Removable appliances fitted	...	...	...	...	...	94
(g) Fixed appliances fitted	...	...	...	...	...	83
(h) Total attendances	...	...	...	...	...	1375

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

In 1962 we received the recommendations of the Ministry of Health with regard to the introduction of Sodium Fluoride in drinking water. Their advice has been given after studying the results of various pilot schemes that have been carried out in different parts of England, Wales and Scotland during the past five years. The British Dental Association and certainly the majority of dental surgeons believe that fluoridation of drinking water is the only practical way of dealing with the present high incidence of dental caries. I think we must accept the fact, that the present pattern of living and diet, although not conducive to dental health, is firmly established. The restraint and discipline that would be required to achieve a marked improvement in dental health is most unlikely to be forthcoming.

It has been suggested that a satisfactory alternative would be to use Sodium Fluoride in tablet form. Apart from the difficulty of administering tablets to infants, I feel that the number of parents who would carry out this treatment conscientiously over a matter of many years would be few, and we would have yet another bottle of tablets on the shelf—forgotten.

The standard of Dental Hygiene still leaves much to be desired. In spite of posters, talks on Dental Hygiene, film shows, etc., the attitude still persists—I shall lose my teeth sometime, does it matter if it's this year or later.

During the year we have maintained our full establishment of Dental Officers. This has enabled us to carry on with our various Clinics, and also to release Mr. Pearse one day each week to attend the Orthodontic Department at Liverpool Dental Hospital. We look on his attendance at Liverpool as a valuable part of his post-graduate training so that, in time, he will become a valued member of the Orthodontic team.

The Mobile Dental Clinic has been used whenever possible. It has been staffed by the officer responsible for a particular area in order to maintain continuity of treatment. Schools have been found the most satisfactory centres to operate from ; unfortunately, holidays have been something of a problem, as Headmasters prefer not to leave school premises or fields open without supervision.

The Flintshire and Denbighshire Agricultural Show was held at Prestatyn in August, and we had a joint stand with the Medical Services. We are indebted to Mr. Lewis, the County Public Health Inspector, for a considerable amount of hard work in arranging the exhibits and collecting produce for demonstration purposes.

A. FIELDING,
Principal School Dental Officer.

SCHOOL PREMISES

School premises are inspected by the School Medical Officer at the time he is in the school conducting the medical examination of pupils. Defects found are reported to the Director of Education and the County Architect.

In addition, defects are reported to the Director of Education by the Head Teachers and dealt with depending on the nature of the work required. Because of financial considerations defects have to be dealt with on a priority basis.

A great deal has been done recently to improve the conditions of school premises, and the following figures show the present position relating to sewage disposal in schools.

Total number of schools - 123 (excluding Technical Colleges, etc.).

Nursery	...	...	...	...	1
County Primary	...	...	...	...	58
Voluntary Primary	45
Secondary Modern	10
Secondary Grammar	5
Bilateral	4
					<hr/>
					123
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Of these schools only one County Primary School is without water carriage sanitation — Gwaenyssgor. There are four Voluntary Primary Schools without water carriage sanitation—Bangor-on-Dee, Higher Wych, Rhydymwyn and Whitford.

Three schools have septic tanks — Carmel; Rhosesmor; Elfed School, Buckley. All other schools with water carriage sanitation are connected to mains sewerage.

Many of the school buildings are old and, therefore, have inadequate window space, ventilation, lighting, etc.—this of course is a national problem, not just a County problem. Every effort is made to get all school staff to make the best use of their existing facilities, and advice and help is available from the medical staff of the department to this end.

Allied to the question of premises is that of hygiene — it is difficult to reach and maintain a high standard of personal hygiene amongst pupils if reasonable facilities are lacking. This applies in particular to the provision of toilets and hand washing facilities. Much has been achieved in recent years in raising the standard of provision and cleanliness of toilets in schools — this is a topic that really matters and head teachers and caretakers now fully realise this. Hand-washing is probably the most important single measure that can be carried out in schools to reduce the spread of infection and particularly bowel infection which spreads so rapidly amongst children and can be of a serious nature.

More and more schools are now being provided with warm water for hand-washing and many infants and junior schools arrange for children to have individual towels in cloakrooms, and some of the secondary schools are trying new methods of hand drying such as paper towels and continuous towelling in special cabinets.

Further progress was made during the year in improving standards in some school kitchens where school meals are prepared. The County Public Health Inspector has taken an active part in this work, working with the District Public Health Inspector and the School Meals Organiser.

Many new schools have been built in the County since the war when new building was suspended and, also, improvements carried out to existing schools. The main problems are the schools which are out of date and due for replacement in the future, and where teaching is continuing for the time being. Obviously, the Authority is not going to spend considerable sums on these schools to bring the accommodation up to modern standards; on the other hand, conditions must not deteriorate to the point that they may adversely affect the pupils.

School Meals and Milk.—The School Meals Service provide 13,913 meals on an average per day, an annual total of 2,782,600. Meals are carefully planned and well balanced and a specimen menu is given below:

Typical Menu served at a School in the County

MONDAY.	Braised steak, cabbage, mashed potatoes, gravy. Lemon cheese tart, custard.
TUESDAY.	Stuffed roast pork, boiled and roast potatoes, carrots, gravy. Steamed syrup pudding, lemon sauce.
WEDNESDAY.	Braised hearts, stuffing, sprouts, mashed potatoes, gravy. Milk jelly, cream.
THURSDAY.	Cold ham, salad, boiled potatoes, mayonnaise. Iced sponge, custard.
FRIDAY.	Pink salmon, salad, potatoes, salad cream. Apple crumble, custard.

There is a great deal of day to day contact between the School Meals Department and the Health Department — particularly Mr. Lewis, the County Public Health Inspector.

For the County as a whole, out of a possible total of 25,631 children, 19,006 took milk at school regularly (74.15 %). The percentage taking milk varies greatly from school to school, the lowest being 22.84 %, the highest being 100 %, the average being 79.41 %.

Secondary schools on an average have a smaller number taking milk than primary and infants' schools.

I would like to stress two important points :—

1. That children still need school milk, even with the improvement in diet since the end of the war. School milk is a supplement to their other diet,

2. That the secondary school pupils (11 - 15+) need school milk even more than the primary pupils. The secondary school pupil has great demands during puberty on the ingredients contained and readily available in milk (Protein and Carbohydrates, Fats, Minerals and Vitamins).

School Meals Service.—All milk supplied to the schools is pasteurised and, during the year, 251 samples were taken and submitted for chemical and bacteriological examination. All samples were found to be satisfactory. Washed school milk bottles were taken from the bottle washing plants in the respective dairies situated in the County and submitted to bacteriological examination and all were found to be satisfactory.

Reference has been made in previous reports to the dirty condition of milk bottles returned from some schools. There has been no improvement in the position, and I would ask head teachers again for their co-operation in this matter.

Inspections were made of the school meals kitchens and attention paid to the structural conditions of the premises, the hygienic handling, storage, and distribution of food, the cleanliness of utensils and crockery, the cleanliness of staff cloakrooms, the storage and disposal of waste foods.

There are 63 school kitchens and 125 school dining rooms supplying 13,913 meals a day. The regular collection of waste food by the contractors from some of the school kitchens in the Eastern end of the County created serious public health nuisances which were only abated by the prompt co-operation of the respective District Councils' Health Departments in removing these offensive accumulations.

Seventeen samples of foodstuffs were submitted to the Public Analyst for chemical analysis and all were found to be satisfactory.

There are four meat contractors supplying meat and the attention of one was drawn to the quality of the meat delivered.

Samples of meat of doubtful quality were submitted for bacteriological and chemical analysis but no organisms of significance were isolated although the meat gave off an offensive odour when cooked.

Reference has been made in previous reports to the replacement of utensils and to the requirements of the Clean Food Regulations.

Health Education.—During 1962 a determined effort was made to use our limited resources in Health Education in the best possible way. The senior staff of the department, medical, nursing and the County Public Health Inspector have now had years of experience in this field of work and have gained valuable experience in methods and content of health education in schools. Equally important members of the teaching profession also realise the value of health education in raising standards of hygiene and in making better and fuller use of services available in the community.

As subsequent details show, health education is now a part of education in many primary and secondary schools, and a good partnership has been established between the teachers in schools and members of the school health department in providing instruction in this field in schools.

The head teacher decides what amount and type of health education he can fit into his syllabus, and his staff are responsible for the work — the school health staff giving help and assistance as requested either in providing material for the teachers or in presenting the material to the pupils.

Work continued during 1962 at certain secondary schools on sex education to senior boys and girls. This is specialised work and is done with the active co-operation of the teaching staff and the parents. This work is undertaken by Dr. E. Pearse, the Senior Medical Officer for the School Health Service and Dr. W. Manwell. Both doctors have had considerable experience in this very specialised field, and do very excellent work which is appreciated by pupils, parents and teachers. The work is exacting, time consuming and calls for tact and understanding, and both doctors state that they are gaining experience in this field of work as they meet more pupils each year at the school where this work is now an annual feature of their health education programme.

The health department has now built up a valuable visual aids section under the able direction of Mr. Elwyn Lewis, the County Public Health Inspector. He works closely with Mr. Ellis, the County Visual Aids Officer, teachers and other members of the School Health Department. Much useful work in health education is done by obtaining visual aids on health education matters for schools — the material being used by the teachers themselves. In other cases it is found desirable for a member of the school health department to present the material particularly if it is of a technical nature and the pupils are likely to ask questions and seek further explanations.

Attached are details of health education work done during the year in schools, but it must be remembered that other work was also done by individual members of the staff as part of school projects or lessons and not regarded as special health education work. I would like to thank all the staff for their valuable contribution in this field, to pay special tribute to Miss P. M. Matthews, the Superintendent Health Visitor, Miss E. Weston, and Miss M. Williams, Senior Health Visitors, and Miss J. S. Rogers, who have taken additional responsibilities for health education work and for co-ordinating the work in their areas.

In conclusion, our thanks are due to all members of the teaching profession who have co-operated with us in every way and who indeed have done most of the health education work in schools, but who realise that we can help in certain spheres and have readily sought advice and allowed us to work with them.

HEALTH EDUCATION IN SCHOOLS FROM APRIL TO DECEMBER, 1962

Date of Health Education Week	Name of School	Number of Pupils	Films shown	Speakers
2nd to 6th April, 1962	C.P. School, Holywell	approx. 187	No Toothache for Eskimos No Toothache for Noddy Welcome Home — Milk A Tooth in Time	Miss P. M. Matthews Miss Ellen Jones Mrs. E. G. E. Rees
7th to 11 May, 1962	Perth-y-Terfyn Infants School, Holywell	approx. 183	No Toothache for Eskimos No Toothache for Noddy Nature Shows the Way	Miss P. M. Matthews Miss Ellen Jones Mrs. E. G. E. Rees
22nd to 26th October, 1962	R.C. School, Holywell	155	No Toothache for Eskimos A Tooth in Time Nature Shows the Way How to Catch a Cold Where There's a Will	Miss P. M. Matthews Miss Ellen Jones
5th to 9th November, 1962	V.P. School, Mold	230	No Toothache for Eskimos A Tooth in Time Nature Shows the Way How to Catch a Cold Where There's a Will	Miss P. M. Matthews Miss M. Williams Miss J. S. Rogers Mrs. S. Lewis
26th to 30th November 1962	C.P. School, Buckley	233	No Toothache for Eskimos A Tooth in Time Nature shows the Way How to Catch a Cold Where There's a Will	Miss P. M. Matthews Miss J. S. Rogers Mrs. S. Lewis
5th to 9th November, 1962	V.P. Clwyd Street School, Rhyl	approx. 131	No Toothache for Noddy No Toothache for Eskimos Home Safety Personal Hygiene Public Health Road Safety	Miss E. Weston Miss P. M. Matthews Dr. G. W. Roberts, C.M.O. Dr. D. P. W. Roberts, M.O.H. P.C. Lewis Mr. E. Lloyd Jones, P.H.I.

Lectures included personal hygiene with special emphasis on teeth, posture and care of feet.
distributed on 11 subjects. Below are the subjects: V.D. C. 1, M. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Leaflets and literature were